

Copy 1	Provider
Copy 2	Carrier
Copy 3	Employee

Carrier's Explanation of Benefits

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency
Health Care Services Division

Date processed
Page

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

Carrier Name				Service Company				NAICS/Self-Insured							
Street Address				City		State		Zip Code		Telephone Number					
Employer Name								Claim Number							
Provider Name						Employee Name									
Street Address						Street Address									
City				State		Zip Code		City				State		Zip Code	
National Provider Identification Number (NPI)/FEIN Number*						Social Security Number *									
Patient Account Number						Date of Injury		Date of the Provider Bill		Date bill received by Carrier					
PROVIDER: IF YOU INTEND TO SEEK RECONSIDERATION, PLEASE CONTACT THE CARRIER INDICATED ABOVE WITHIN 60 CALENDAR DAYS OF RECEIPT OF THIS NOTICE. IF ADDITIONAL INFORMATION IS REQUESTED, PLEASE FORWARD THE INFORMATION TO THE CARRIER.						EMPLOYEE: FOR INFORMATION ONLY. THIS IS NOT A BILL. IF YOU ARE BILLED FOR ANY SERVICES RELATED TO THIS WORKERS' COMPENSATION CLAIM, DO NOT PAY. DO CALL THE CARRIER LISTED ABOVE.									
Date of Service		Place of Service	Procedure Code and Modifier		Description--If Needed			Diagnosis Code	Days or Units	Charge		Payment		Note	
THIS IS NOT A BILL															
Provider/Employee: R 418.10105 and R 418.101301(3) of the Worker's Compensation Health Care Services Rules require that the carrier notify the employee and the provider that the rules prohibit a provider from billing an employee for any amount for health care services provided for the treatment of a covered work-related injury or illness when that amount is disputed by the carrier pursuant to its utilization review program or when the amount exceeds the maximum allowable payment established by these rules. The carrier shall request the employee to notify the carrier if the provider bills the employee.												Total Charge		Payment	

This form is required as set forth in Part 1, R 418.10117 (4), Part 10, R 418.101001 (4) and Part 13 R 418.101301 (1) of the Workers' Compensation Health Care Services Rules.

***PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES**

WC-739 (Rev. 4-07)